

CONFIDENTIAL REQUEST FOR DISQUALIFICATION

Send this form to the Clerk of Court ONLY

Do NOT provide copies to judge or other counsel

RESPONSE DUE WITHIN TEN (10) DAYS
OF THE DATE OF THE DOCKETING LETTER

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

Short Caption _____

Docket Number _____

Party _____

TO: Marcia M. Waldron, Acting Clerk
U.S. Court of Appeals
601 Market Street, Room 21400
Philadelphia, PA 19106-1790

FAX: 215-597-2643

The undersigned requests that the Honorable Marjorie O. Rendell be disqualified from any participation in the above-referenced case due to a contribution(s) to Rendell '95, the political campaign fund of her spouse, Edward G. Rendell.

DATE: _____

Signature

Type or Print Name

Telephone Number

NOTE: Your signature and identity on the response form are required for record keeping purposes only. If you do object, your objection will not be divulged to Judge Rendell or her staff, nor be made part of the public record, but will be kept confidential.

JOINT REQUEST FOR WAIVER
Send this form to the Clerk of Court ONLY
RESPONSE DUE WITHIN TEN (10) DAYS
OF THE DATE OF THE DOCKETING LETTER

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

Short Caption_____

Docket Number _____

TO: Marcia M. Waldron, Acting Clerk
U.S. Court of Appeals
601 Market Street, Room 21400
Philadelphia, PA 19106-1790

FAX: 215-597-2643

The undersigned request waiver of disqualification of the Honorable Marjorie O. Rendell in the above-referenced case due to a contribution(s) to Rendell '95, the political campaign fund of her spouse, Edward G. Rendell.

DATE:_____

Signature

Signature

Type or Print Name

Type or Print Name

Telephone Number

Telephone Number

Party Name

Party Name

NOTE: Additional copies of this form can be used for more than two signatures. Your signature and identity on the request form will be made part of the public record.